


SEND COMPLETED**FORM TO:**The Appropriate State
or EPA Regional Office.

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORMHazardous Waste Program
MO Dept. of Natural ResourcesRECEIVED
FEB 19 2008

1. Reason for Submittal (See instructions on page 9) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 10)	EPA ID Number M, O, R, O, O, S, O, S, I, S, I, 8		
3. Site Name (page 10)	Name: TRI-RINSE, INC.		
4. Site Location Information (page 10)	Street Address: 1402 S. Second St.		
	City, Town, or Village: St Louis	State: MO	
	County Name: St Louis City	Zip Code: 63104	
5. Site Land Type (page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)	A. 5093 423930	B.	
	C.	D. 482618  RCRA	
7. Site Mailing Address (page 11)	Street or P. O. Box: 1402 S. Second St.		
	City, Town, or Village: St Louis		
	State: MO		
	Country: United States	Zip Code: 63104	
8. Site Contact Person (page 11)	First Name: Clinton	MI: P	Last Name: Shocklee
	Phone Number: 314-647-8338	Extension: ext. 4339	E-mail address: CShocklee@TRIRinse.com
	Date Became Operator (mm/dd/yyyy): 7/1/2008		
9. Operator and Legal Owner of the Site (pages 11 and 12)	A. Name of Site's Operator: TRI-Rinse, INC.		
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: T.P. Investments		Date Became Owner (mm/dd/yyyy): 7/1/2008
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

11 APR 2008

MAY 19 2008

9. Legal Owner (Continued) Address	Street or P. O. Box: <div style="font-size: 1.2em; margin-top: 5px;">1402 S. Second St.</div> <hr/> City, Town, or Village: <div style="margin-top: 5px;">St Louis</div> <hr/> State: <div style="margin-top: 5px;">MO</div> <hr/> Country: <div style="margin-top: 5px;">United States</div> <hr/> Zip Code: <div style="margin-top: 5px;">63104</div>															
10. Type of Regulated Waste Activity Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)																
A. Hazardous Waste Activities Complete all parts for 1 through 6.																
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p><input checked="" type="checkbox"/> 1. Generator of Hazardous Waste If "yes", choose only one of the following - a, b, or c.</p><p><input checked="" type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p><p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p><p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p><p>In addition, indicate other generator activities.</p><p><input type="checkbox"/> d. United States Importer of Hazardous Waste</p><p><input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p></div><div style="width: 48%;"><p><input type="checkbox"/> 2. Transporter of Hazardous Waste</p><p><input type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p><p><input type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</p><p><input type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace If "yes", mark each that applies.</p><p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p><p><input type="checkbox"/> b. Smelting, Melting, and Refining</p><p><input type="checkbox"/> 6. Underground Injection Control</p></div></div>																
<div style="display: flex;"><div style="width: 50%;">B. Universal Waste Activities<p><input type="checkbox"/> 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate the types of universal waste managed at your site. Mark all boxes that apply: <div style="text-align: center; margin: 5px 0;"><u>Managed</u></div><table style="width: 100%;"><tr><td>a. Batteries</td><td><input type="checkbox"/></td></tr><tr><td>b. Pesticides</td><td><input type="checkbox"/></td></tr><tr><td>c. Thermostats</td><td><input type="checkbox"/></td></tr><tr><td>d. Lamps</td><td><input type="checkbox"/></td></tr><tr><td>e. Other (specify) _____</td><td><input type="checkbox"/></td></tr><tr><td>f. Other (specify) _____</td><td><input type="checkbox"/></td></tr><tr><td>g. Other (specify) _____</td><td><input type="checkbox"/></td></tr></table></p><p><input type="checkbox"/> 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.</p></div><div style="width: 50%;">C. Used Oil Activities Mark all boxes that apply.<p><input type="checkbox"/> 1. Used Oil Transporter If "yes", mark each that applies.</p><p><input type="checkbox"/> a. Transporter</p><p><input type="checkbox"/> b. Transfer Facility</p><p><input type="checkbox"/> 2. Used Oil Processor and/or Re-refiner If "yes", mark each that applies.</p><p><input type="checkbox"/> a. Processor</p><p><input type="checkbox"/> b. Re-refiner</p><p><input type="checkbox"/> 3. Off-Specification Used Oil Burner</p><p><input type="checkbox"/> 4. Used Oil Fuel Marketer If "Yes", mark each that applies.</p><p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</p><p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p></div></div>			a. Batteries	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	c. Thermostats	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	e. Other (specify) _____	<input type="checkbox"/>	f. Other (specify) _____	<input type="checkbox"/>	g. Other (specify) _____	<input type="checkbox"/>
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g. Other (specify) _____	<input type="checkbox"/>															


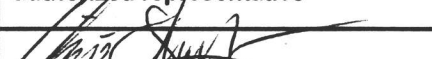
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

P001	P039	P044	P066	P127	P189	

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(See Instructions on page 17.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Clinton P. Shocklee, EHSD	2-5-2008
	MICHAEL P. MORGAN, PRES	2/12/08

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENTFORM
GMBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: TRI-Rinse INC.

1402 S. Second St.

EPA ID NO: M01R 0100 5105 9158

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description Rinse Water - (Ethepon, prep, <2 pH)

B. EPA hazardous waste code D002

C. State hazardous waste code

D. Source code

G25

E. Form code

W105

F. Quantity generated in 2007

3,829,100

G. UOM

L

Management Method code for Source code G25

U039

Density

lbs/gal eg

Sec. 2

Was any of this waste managed on site? (pages 24 and 25)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2007

U

U

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2007

U

U

Sec. 3

A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)

☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which
waste was shipped

ILD 098 642 424

C. Off-site Management Method
code Shipped to

U040

D. Total quantity shipped in 2007

3,829,100

Site 2

B. EPA ID No. of facility to which
waste was shipped

U

C. Off-site Management Method
code Shipped to

U

D. Total quantity shipped in 2007

U

Site 3

B. EPA ID No. of facility to which
waste was shipped

U

C. Off-site Management Method
code Shipped to

U

D. Total quantity shipped in 2007

U

Comments:

Section 1-D: H039 - Cleaning and Resource Recovery of Commercially empty
Containers.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:U.S. ENVIRONMENTAL
PROTECTION AGENCY

SITE NAME: TRI-Rinse INC.

2007 Hazardous Waste Report

1402 S. Second St.

FORM
GMWASTE GENERATION
AND MANAGEMENT

EPA ID NO: 1402R 01010 15101 91518

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description Solids/Sludge - Acute Toxic

B. EPA hazardous waste code P10194

C. State hazardous waste code

D. Source code

G25

E. Form code

W409

F. Quantity generated in 2007

27950.0

G. UOM 5

Management Method code for Source code G25

H039

Density

10.00

☒ lbs/gal ☐ kg

Sec. 2

Was any of this waste managed on site? (pages 24 and 25)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2007On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2007

Sec. 3

A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)

☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which
waste was shipped

ILD 0A8 642 424

C. Off-site Management Method
code Shipped to

H040

D. Total quantity shipped in 2007

27950.0

Site 2

B. EPA ID No. of facility to which
waste was shippedC. Off-site Management Method
code Shipped to

D. Total quantity shipped in 2007

Site 3

B. EPA ID No. of facility to which
waste was shippedC. Off-site Management Method
code Shipped to

D. Total quantity shipped in 2007

Comments:

Sec. 1 E - W409: Solids and Sludges From container Rinsing and
cleaning.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:U.S. ENVIRONMENTAL
PROTECTION AGENCY

SITE NAME: TRI-Rinse Inc.

2007 Hazardous Waste Report

1402. S. Second St.

EPA ID NO: MD, 000, 15, 05, 19, 518

FORM
WRWASTE RECEIVED
FROM OFF SITE

Instructions: Please see the detailed instructions on pages 27 to 30 of this booklet before completing this form.

Waste 1	A. Description of hazardous waste Carbofuran Containers	B. EPA hazardous waste code P127	C. State hazardous waste code _____
D. Off-site handler EPA ID number MD, 097, 644, 801	E. Quantity received in 2007 26364.0	F. UOM Density 1 _____ □ 1 lbs/gal □ 2 sg	
G. Form code W319	H. Management Method code U039		
Waste 2	A. Description of hazardous waste Carbosulfan Containers	B. EPA hazardous waste code P189	C. State hazardous waste code _____
D. Off-site handler EPA ID number Mark if same as in Waste 1 _____	E. Quantity received in 2007 5000.0	F. UOM Density 1 _____ □ 1 lbs/gal □ 2 sg	
G. Form code W319	H. Management Method code U039		
Waste 3	A. Description of hazardous waste Dimethoate Containers	B. EPA hazardous waste code P044	C. State hazardous waste code _____
D. Off-site handler EPA ID number Mark if same as in Waste 2 KS, 000, 819, 086	E. Quantity received in 2007 150.1	F. UOM Density 5 9.0 □ 1 lbs/gal □ 2 sg	
G. Form code W319	H. Management Method code U039		

Comments:

waste-1, 6: W319 - metal Containers
waste-2, 6: W319 - metal Containers

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: TRI-Rinse Inc.1402. S. Second St.EPA ID NO: M01R 010015 051918FORM
WRU.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE RECEIVED
FROM OFF SITE

Instructions: Please see the detailed instructions on pages 27 to 30 of this booklet before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code
	<u>Methomyl Containers</u>	<u>P016</u> <u>016</u> _____ _____	_____ _____

D. Off-site handler EPA ID number	E. Quantity received in 2007	F. UOM Density
<u>M.S.D. 016 106 923</u>	<u>5,659.0</u>	<u>1</u> _____ □ 1 lbs/gal □ 2 sg

G. Form code	H. Management Method code
<u>W319</u>	<u>U039</u>

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code
	<u>Methanol Containers</u>	<u>D001</u> _____ _____	_____ _____

D. Off-site handler EPA ID number	E. Quantity received in 2007	F. UOM Density
<input checked="" type="checkbox"/> Mark if same as in Waste 1 _____ _____	<u>1,440.0</u>	<u>1</u> _____ □ 1 lbs/gal □ 2 sg

G. Form code	H. Management Method code
<u>W319</u>	<u>U039</u>

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code
	<u>Methomyl Containers</u>	<u>P016</u> _____ _____	_____ _____

D. Off-site handler EPA ID number	E. Quantity received in 2007	F. UOM Density
<input checked="" type="checkbox"/> Mark if same as in Waste 2 _____ _____	<u>3,780.0</u>	<u>1</u> _____ □ 1 lbs/gal □ 2 sg

G. Form code	H. Management Method code
<u>W403</u>	<u>U039</u>

Comments: Waste 1-6: W319 metal Containers
Waste 2-6: W319 metal Containers

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: TRI-Rinse Inc.1402. S. Second St.EPA ID NO: MIDR 000015 051918FORM
WRU.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE RECEIVED
FROM OFF SITE

Instructions: Please see the detailed instructions on pages 27 to 30 of this booklet before completing this form.

Waste 1	A. Description of hazardous waste <u>Di-Syston Containers</u>		B. EPA hazardous waste code <u>311 P039</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID number <u>IAD 000 678 144</u>		E. Quantity received in 2007 _____ <u>4280.0</u>		F. UOM Density <u>1</u> _____ □ 1 lbs/gal □ 2 sg	
G. Form code <u>W403</u>		H. Management Method code <u>U039</u>				
Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code _____		C. State hazardous waste code _____	
	D. Off-site handler EPA ID number □ Mark if same as in Waste 1 _____		E. Quantity received in 2007 _____		F. UOM Density _____ <u>1</u> _____ □ 1 lbs/gal □ 2 sg	
G. Form code <u>W</u> _____		H. Management Method code <u>U</u> _____				
Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code _____		C. State hazardous waste code _____	
	D. Off-site handler EPA ID number □ Mark if same as in Waste 2 _____		E. Quantity received in 2007 _____		F. UOM Density _____ <u>1</u> _____ □ 1 lbs/gal □ 2 sg	
G. Form code <u>W</u> _____		H. Management Method code <u>U</u> _____				

Comments:



Specialists in Environmental Services

February 12, 2008

Missouri Department of Natural Resources
Hazardous Waste Program, Biennial Report
P.O. Box 176
Jefferson City, Missouri 65102-0176

Re: Tri-Rinse, Inc.
Biennial Report
40 CFR 262.41
Reporting Year – 2007

To Whom It May Concern:

Tri-Rinse, Inc. is herein submitting the company's Hazardous Waste Biennial Report for the 2007 reporting year. This submittal includes a completed RCRA Subtitle C Site Identification Form along with completed Forms GM and WR.

Please do not hesitate to contact me at (314) 647-8338 should you have any questions.

Sincerely,

Clinton Shocklee
Director, Environmental Management

RECEIVED

FEB 19 2008

Hazardous Waste Program
MO Dept. of Natural Resources

TRI RINSE, INC.

1402 South Second St.
St. Louis, Missouri 63104
Telephone (314) 647-8338
FAX (314) 647-5028